U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1, File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01/ 01/ 2004 Through: 12/ 31/2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Dean A Wanty	Name Painters District Council No. 30		
	Labor Organization File Number 01/398		
P.O. Box, Bidg., Room No., If any P. O. Box 510308	P.O. Box, Building and Room Number, if any P. O. Box 510308		
Street 2850 S. 166th Street	Street 2850 Ss 1566FF SETERE		
City New Berlin Control of the Contr	Chy New Berlin		
State Wisconsin ZIP Code + 4 53154	State WISCOUSIN ZIP Code + 4 53151		
5. Position in labor organization. Business Representat	LXC		
Enter appropriate data below if, during the past fiscal year, you or your spou (except as specified in the exclusion)	ise or minor child directly or Indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	lerived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name (Annual Application of the	The state of the product of the state of the		
Trade Name, If any: First the instrument successing in own to be the opposite incommon property of the control	The state of the s		
P.O. Box, Bidg., Room No., if any	Comments of the state of the st		
Street Street	7.b. Amount.		
d U and high Habourfood Difference programme and harmonic programme.			
City (A STATE AND A STAT		
State ZIP Code + 4			
Signa			
15. Signature and verification. The uncersigned declares, under penalty of P submitted in this report (including the information contained in any accompanying undersigned's knowledge and boilef, true, correct, and complete. (See the sect)	M AMARIANAN Read have necessariand by the ninestern and to the test of the		
signed Dear A. Wanty	on 98/14/05 (262) 797-7800		
J	Date Telephone Number		
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Name of Person Filing Dean A. Wanty	File Nu	mber U-	
S. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (Including trade name, If any). Name Trade Name, If any: P.O. Box, Bldg., Room No., If any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer	The second secon	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Neture of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	The second secon		
e se de la companya del la companya de la companya del la companya de la companya	11.b. Approximate collar value of such	desling.	
City	10	A CONTRACTOR OF THE PROPERTY O	
State State ZIP Code + 4		19. received.	
	12.b. Amount,	MARTINE AND	
		professional and the first and making the procession of the first and analysis of the first and analysis of the first and the fi	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value.		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.s. Nature of payment,	to the state of the following that with the following restrict of the color of the	
Name TUPAT LMCT	97/12/04: Dinner- 97/14/04: Dinner-	radeshow \$91.65 radeshow \$146.61	
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P.O. Box, Bidg., Room No., If any	the special control of the second of the sec	And the second s	
Street 1750 New York Ave., N. W.	14.b. Amount of payment	A Company of the Comp	
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State D.C. ZIP Code + 4 20006	An extra transfer of the state	And the second s	
13 b. is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$23826	
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Form LM-30 (2003)

The transactions, dealings and interests that are reported in the attached Form LM-30 represent by good faith effort to reconstruct any reportable occurrences for the calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature

8/14/05 Date